

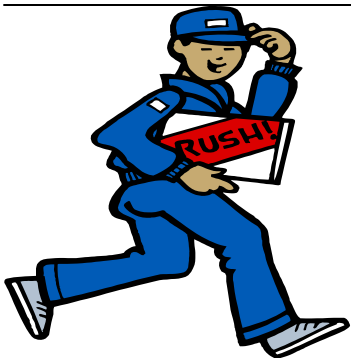
Encounter Keys

Arizona Health Care

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Updates

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Vaccine For Children (VFC)

New Vaccine Offerings

- Effective immediately the Arizona Immunization Program has changed the age limit for Hepatitis A vaccinations. The vaccination is now available for children 12 months through 5 years of age. It was previously available for children 2 through 5 years of age. The combination Measles, Mumps, Rubella and Varicella (ProQuad) is available to children 12 months through 12 years of age.

Modifier

Effective with dates of service on or after December 21, 2005 the modifier SL (state supplied vaccine) has been added to code 90710 (Measles, Mumps, Rubella, and Varicella Vaccine (MMRV)).

Error Code Descriptions

- Z629 (Both Toxoid And Administration Procedures Have HP Paid Amount Equal To Or Greater Than Zero) means administration and toxoid cannot both have \$0 paid or both have >\$0 paid amounts.
- Z628 (HP Paid Exceeds Arizona VFC Limit) means the plan paid more than the state cap (per federal limit).
- Z627 (Under Age 19 Toxoid Procedure Without VFC Modifier And No Administration) means a toxoid was submitted without the SL modifier.

Resumption of Aged Sanctions for Select Errors

Effective April 1, 2006 AHCCCS will resume sanctioning for aged (>120 days) pending encounters for the following error codes:

Error Code Error Code Description

G010	Invalid Tooth Number
R350	Date of Death Prior to DOS
V398	Procedure Code Must Be a Valid HCPCS Format of XNNNN

AHCCCS system modifications have been completed for these error codes. Contractors needing assistance resolving these errors should contact their Technical Assistant.

Category III Codes

- Effective with dates of service on or after January 1, 2006 the following codes were changed to 04 coverage code (Not Covered Service/Code Not Available):

0115T 0116T 0117T 0120T 0123T 0124T 0126T 0130T 0133T 0135T 0137T 0140T 0141T
0142T 0143T 0144T 0145T 0146T 0147T 0148T 0149T 0150T 0151T 0152T 0153T 0154T

- Effective with dates of service on or after July 1, 2005 the following HCPCS codes were changed to 04 (Not Covered Service/Code Not Available) :

0089T 0090T 0091T 0092T 0093T 0094T 0095T 0096T 0097T 0098T
0099T 0100T 0101T 0102T 0103T 0104T 0105T 0106T 0107T 0108T
0109T 0110T 0111T

Behavioral Health Inpatient Rate Increased July 15, 2005

The ADHS fee-for-service rate for inpatient psychiatric room and board (Revenue Codes 114, 124, 134, 154) was increased from \$592.00 per day to \$684.22 per day effective on or after **July 15, 2005**. **These rates are applicable to RHBA-enrolled members in acute hospitals (provider type 02), and all members in psychiatric hospitals (provider type 71).** For a complete and current list of Behavioral Health codes and rates visit the Arizona Department of Health Service/Division of Behavioral Health Services website at http://www.azdhs.gov/bhs/app_b2.pdf.

Age Limit

Effective with dates of service on or after November 30, 2005 for the CPT codes listed below, the age limit has changed from a maximum age of 20 to 999.

92587 Evoked Otoacoustic Emissions; Limited (Single Stimulus)
92588 Evoked Otoacoustic Emissions; Comprehensive or Diagnostic

Provider Type

- Effective for October 1, 2004 the following "J" codes have been added for Matria (336009) provider type 30 (DME Supplier) only.

J1817	Insulin For Administration Through DME (I.E., Insulin Pump)
J1644	Injection, Heparin Sodium, Per 1000 Units
J2405	Injection, Ondansetron Hydrochloride, Per 1 Mg
J2675	Injection, Progesterone, Per 50 Mg
J2765	Injection, Metoclopramide Hcl, Up To 10 Mg
J3105	Injection, Terbutaline Sulfate, Up To 1 Mg
- Effective with dates of service on or after January 1, 2005 the following codes have been added to provider type 46 (Nurse Private-RN/LPN):

G0008	Administration of Influenza Virus Vaccine
G0009	Administration of Pneumococcal Vaccine
- Effective with dates of service on or after January 1, 2004 provider type 18 (Physician Assistant) can now report the following codes:

Q0136	Injection, epoetin alpha, (for non ESRD use) per 1,000 units
Q0137	Injection, darbepoetin alfa, 1 mcg (non ESRD use)
- Effective with dates of service on or after January 1, 1998 the HCPCS code G0107 (Colorectal Cancer Screening; Fecal-Occult Blood Test) has been added to provider type 04 (Laboratory).

Revenue to Procedure Code

- Effective with dates of service on or after January 1, 2005 the following procedure codes have been added to the Revenue-Code-to-Procedure-Code table (RF773).

Revenue

Code	CPT Code	Descriptions
255	C1079-C1178	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
320	64400-64530	Injection, Anesthetic Agent; Trigeminal Nerve, Any Division Or Branch
360-369	75600-75893	Aortography, Thoracic, Without Serialography, Radiological Supervision
360-369	76942	Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration,
402	32002	Thoracentesis With Insertion Of Tube With Or Without Water Seal
402	50200	Renal Biopsy; Percutaneous, By Trocar Or Needle
480-481	33206-33235	Insertion Or Replacement Of Permanent Pacemaker With Transvenous
480-481	33240-33241	Insertion Of Single Or Dual Chamber Pacing Cardioverter-Defibrill
480-481	33244	Removal Of Single Or Dual Chamber Pacing Cardioverter-Defibrillat
480-481	33249	Insertion Or Repositioning Of Electrode Lead(s) For Single Or Dual
480-481	33282-33284	Implantation Of Patient-Activated Cardiac Event Recorder
480-481	35450-35476	Transluminal Balloon Angioplasty, Open; Renal Or Other Visceral
480-481	35490-35495	Transluminal Peripheral Atherectomy, Percutaneous; Renal Or Other
480-481	36555-36597	Insertion Of Non-Tunneled Centrally Inserted Central Venous Cathe
480-481	36620	Arterial Catheterization Or Cannulation For Sampling, Monitoring
761	90471-90474	Immunization Administration (Includes Percutaneous, Intradermal,)

- On the Revenue-Code-To-Procedure-Codes table 90780 (Intravenous Infusion) has been back dated to January 1, 2005 from July 01, 2005 for revenue codes 260-269.
- End date has been removed from 36415 (Collection of Venous Blood by Venipuncture) for revenue codes 300-309.



“No human being, however great, or powerful, was ever so free as a fish.”

John Ruskin

New Codes

Effective with dates of service on or after January 1, 2006 a new set of drug administration codes replaced previous administration codes. The new administration, injection and infusion codes are:

Chemotherapy Administration

96401 Chemotherapy Administration, Subcutaneous Or Intramuscular
96402 Chemotherapy Administration, Subcutaneous Or Intramuscular
96409 Chemotherapy Administration; Intravenous, Push Technique
96411 Chemotherapy Administration; Intravenous, Push Technique
96413 Chemotherapy Administration, Intravenous Infusion Technique
96415 Chemotherapy Administration, Intravenous Infusion Technique
96416 Chemotherapy Administration, Intravenous Infusion Technique
96417 Chemotherapy Administration, Intravenous Infusion Technique
96521 Refilling And Maintenance Of Portable Pump
96522 Refilling And Maintenance Of Implantable Pump Or Reservoir
96523 Irrigation Of Implanted Venous Access Device For Drug

Therapeutic, Prophylactic and Diagnostic Injections and Infusions

90760 Intravenous Infusion, Hydration; Initial, Up To 1 Hour
90761 Intravenous Infusion, Hydration; Each Additional Hour
90765 Intravenous Infusion, For Therapy, Prophylaxis
90766 Intravenous Infusion, For Therapy, Prophylaxis
90767 Intravenous Infusion, For Therapy, Prophylaxis
90768 Intravenous Infusion, For Therapy, Prophylaxis
90772 Therapeutic, Prophylactic Or Diagnostic Injection
90773 Therapeutic, Prophylactic Or Diagnostic Injection
90774 Therapeutic, Prophylactic Or Diagnostic Injection
90775 Therapeutic, Prophylactic Or Diagnostic Injection
90779 Unlisted Therapeutic, Prophylactic Or Diagnostic

Revenue Code Field Size

The Revenue Code fields on the record types H5 and H6 in the Reference File 01 Layout increased in size from 3 to 4 bytes due to changes in the National Uniform Billing Committee data element specifications. AHCCCS changes were implemented in January 2006.

Wound Debridement

CPT Code **97602** - Removal of Devitalized Tissue from Wound(s), Non-Selective Debridement, is open for:

Provider Type 13 - Occupational Therapists

Provider Type 14 - Physical Therapists

Provider Type 18 - Physician Assistants

Provider Type 19 - Nurse Practitioners

Physicians should use codes from the debridement area of CPT (11040 - 11044).

Sex Indicator Updates

The CPT code 00848 -Anesthesia for Intraperitoneal Procedures in Lower Abdomen can be reported for both male and female patients.

Category of Service

Effective with dates of service on or after July 5, 2005 the codes G0375 (Smoke/tobacco counseling visit; intermediate, greater than 3 minutes up to 10 minutes) and G0376 (Smoking and tobacco use cessation counseling visit intensive, greater than 10 minutes) have been added to the Category of Service 01 (Medicine).

Modifier

Effective with dates of service on or after January 1, 2004 the modifier Q6 (Locum Tenens) has been added to 75998 (Fluoroscopic Guidance For Central Venous Access Device).

New Classification

- A new classification code has been added to AHCCCS procedure classification. The code JE, Coagulation Factors, has an effective date of October 1, 1982.
- Effective with dates of service on or after January 1, 2006 the classification code 95, Domiciliary, Rest Home (e.g., Assisted Living Facility) or Home Care Plan Oversight Services, has been added to the AHCCCS procedure classifications.

Place of Service

- Effective with dates of service on or after January 1, 2003 the HCPCS code E1810 (Dynamic adjustable knee extension / flexion device) has been added to the Place of Service (POS) 12 - Home.
- Effective with dates of service on or after April 1, 2005 POS 11 (Office) has been added to the code Q9947 (Low Osmolar Contrast Material, 200-249 Mg/ML Iodine Concentration).
- Effective with dates of service on or after January 1, 2005 POS 21 Inpatient Hospital has been added to the code 92004 (Ophthalmological Services: Medical Examination & Evaluation).
- Effective with dates of service on or after March 1, 2006 the following codes have been added to POS:

Code	Description	POS	POS Description
90846	Family Psychotherapy (Without The Patient Present)	23	Emergency Room - Hospital
90846	Family Psychotherapy (Without The Patient Present)	51	Inpatient Psychiatric Facility
90846	Family Psychotherapy (Without The Patient Present)	52	Psych Facility Partial Hospitalization
90846	Family Psychotherapy (Without The Patient Present)	53	Community Mental Health Center
90846	Family Psychotherapy (Without The Patient Present)	55	Residential Substance Abuse Treatment
90846	Family Psychotherapy (Without The Patient Present)	56	Psychiatric Residential Treatment
90846	Family Psychotherapy (Without The Patient Present)	71	State Or Local Public Health Clinic
90846	Family Psychotherapy (Without The Patient Present)	72	Rural Health Clinic
90847	Family Psychotherapy (Conjoint Psychotherapy) (With Patient)	12	Home
90847	Family Psychotherapy (Conjoint Psychotherapy) (With Patient)	31	Skilled Nursing Facility
99356	Prolonged Physician Service In The Inpatient Setting	51	Inpatient Psychiatric Facility
99357	Prolonged Physician Service In The Inpatient Setting	51	Inpatient Psychiatric Facility

Diagnosis Codes

Effective with dates of service on or after October 01, 2005 the following mental health diagnosis codes have been added:

327.02 - Insomnia due to mental disorder

327.15 - Hypersomnia due to mental disorder

Third Party Liability Referral Reminder

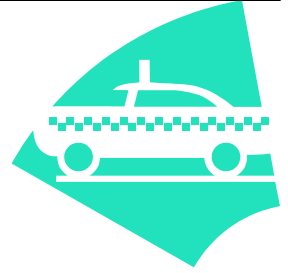
Effective on October 01, 2005 AHCCCS stopped accepting paper Third Party Liability (TPL) referral information. Contractors must use either the PCG web-referral page or the AHCCCS FTP server. For contractors wanting to utilize the FTP server, please contact Kathy Bizon at (602) 417- 4644. The PCG Web Based Referral is at:<https://cmts.pcgus.com/tplreferrals/>

Below is a list of invalid record reasons from Public Consulting Group (PCG):

- Medicare Primary
- Medicaid Policy
- Policy Not Found
- Dependent Not Found
- Need Correct Holder Information
- Need Correct Carrier Information
- Need Correct Date of Birth
- Carrier Will Not Verify
- Policy Never Effective
- Duplicate
- Bad Policy Number
- No Holder Name
- Non-Medical Policy
- No Holder Social Security Number
- Record Not Found
- Member Not Found

Transportation Round Trip Reminder

Effective with dates of service on or after December 31, 2003 the local modifier 2X (round trip transportation) may no longer be used with the following transportation codes:



A0100	Non-Emergency Transportation; Taxi
A0130	Non-Emergency Transportation: Wheel-Chair Van
A0140	Non-Emergency Transportation And Air Travel (Private Or Commercial
A0160	Non-Emergency Transportation: Per Mile - Case Worker Or Social Worker
A0380	BLS Mileage (Per Mile)
A0382	BLS Routine Disposable Supplies
A0390	ALS Mileage (Per Mile)
A0398	ALS Routine Disposable Supplies
A0422	Ambulance (ALS Or BLS) Oxygen And Oxygen Supplies, Life Sustaining
A0425	Ground Mileage, Per Statute Mile
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport
A0427	Ambulance Service, Advanced Life Support, Emergency Transport
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport,
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-E)
A0430	Ambulance Service, Conventional Air Services, Transport, One Way
A0431	Ambulance Service, Conventional Air Services, Transport, One Way
A0435	Fixed Wing Air Mileage, Per Statute Mile
A0436	Rotary Wing Air Mileage, Per Statute Mile

837 and NCPDP Reminders

Implementation Guides

According to the 837 implementation guides, there are five Claim Adjustment Group Codes:

- CO - Contractual Obligations
- CR - Correction and Reversals
- OA - Other Adjustments
- PI - Payor Initiated Reductions
- PR - Patient Responsibility

There are many Claim Adjustment Reason Codes. Please refer to the 837 implementation guides regarding the use of CAS segments for adjustments to providers' billed charges and units to payments and cut backs.

Encounters Companion Document

A revised draft of the 837 Encounters Companion Document and accompanying Change Summary have been posted on the HIPAA web page for any interested parties. The links may be found at the following address:

≤<http://www.ahcccs.state.az.us/HIPAA/Documents/Default.asp>≥

NCPDP

The draft NCPDP Encounters Companion Document and accompanying Change Summary have been posted to the AHCCCS HIPAA web page for any interested parties. The link may be found at the following address: <http://www.ahcccs.state.az.us/HIPAA/Documents/Default.asp>; AHCCCS welcomes comments. Please submit to the AHCCCS HIPAA Workgroup [AHCCCSHIPAAWorkgroup@azahcccs.gov] by March 30, 2006 for consideration in the final document.



“One of the most feared expressions in modern times is
“The computer is down.”

Norman Augustine